

LD50000 69599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

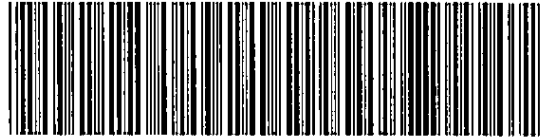
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900329060849

05/09/19--01014--026 **25.00

2019 MAY -9 PM 11:21
FALLAHASSEN, LORICA

FILED

T. LEMIEUX
MAY 9 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VCP-Mayport Basin, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000069599

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corinne P. McClure, Senior Paralegal

Name of Person

McGuireWoods LLP

Name of Firm/Company

50 North Laura Street, Suite 3300

Address

Jacksonville, FL 32202

City/State and Zip Code

cmcclure@mcguirewoods.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinne McClure at (904) 798-3294
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

RAX Co. _____, hereby resigns as

Name of Registered Agent

Registered Agent for VCP-Mayport Basin, LLC

Name of Limited Liability Company

L05000069599

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Lisa O. Taylor
Signature of Resigning Agent

If signing on behalf of an entity:

Lisa O. Taylor

Typed or Printed Name
President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILED
2019 MAY -9 PM 4:21
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314